CLINICAL Update

California Society for Clinical Social Work

Volume XXXVIII Number 5 • December 2008

The Emotional Brain and Wellbeing

By Joyce Parker, MSW, Ph.D.

INSIDE Update

District Meetings	**2**
Clinicians' Money Update	**3**
Recognizing Perinatal Anxiety/ Depression	**5**
Loan Forgiveness for Social Workers	**7**
Inside the Institute	**8**
AAPCSW Corner - Northern California	**8**
Classified Ads	**13**

What is Wellbeing? There are actually many definitions in the literature. Some are very simple, some are more complex, but in the past they have all been based on traits an individual possesses such as being self-directed or cooperative or self-transcended. Now there is a more precise and elegant definition of wellbeing that comes to us from neuroscience. Dr. Dan Siegel in his new book, *The Mindful Brain*, defines what he calls the triangle of wellbeing, which helps us understand wellbeing from the perspective of the emotional brain and neurobiology. In order to have wellbeing, one must have a coherent mind, empathic relationships and neural integration. To accomplish this the research strongly indicates that as individuals and mental health professionals we need to work toward calming the mind through meditation and other methods that help to reduce chatter and heal emotional trauma. It means that we need to work toward helping people feel more secure and safe in their intimate relationships. It means we need to help them develop more empathy for significant others and themselves. It means that we must help people move in the direction of what Dr. Siegel describes as neural integration. These three aspects of wellbeing are mutually reinforcing. The triangle of wellbeing is what most psychotherapists have always strived to help patients achieve. Now we have confirmation from studies of the brain that these three aspects create wellbeing in individuals.

Neural integration is probably the aspect of wellbeing that is the least self evident and the most difficult to understand. So I will attempt here to describe what it is and how it helps us. As our brain develops, neurons connect into neural networks that become more and more specialized. These networks become highly differentiated. This is a good thing because it allows us to use various parts of our brain to accomplish all kinds of tasks, including to store memories, and to recognize our emotions. Neural integration links the differentiated components of our brain, the neuron networks, into a functional whole. An integrated mind creates a sense of coherence and continuity. So when those neuron networks which are specifically dedicated to emotion, cognition, sensation and behavior communicate with one another, emotional wellbeing is promoted.

Emotion is a central integrating process in the brain that links the internal and interpersonal worlds of the mind. An individual's ability to organize emotion directly shapes the ability of the mind to integrate experience and adapt to

(Continued on page 9)

Published by and for the members of the
California Society for Clinical Social Work

(Continued from page 1)

The Emotional Brain & Wellbeing cont'd.

stressors. Therefore being able to organize our emotions promotes affect regulation. Dr. Siegel uses an acronym to help us understand the characteristics of a mind that is functionally linked, "F.A.C.E.S." Minds that are integrated have these characteristics; they are F-flexible, A-adaptive, C-coherent, E-energized and S-stable. When there is integration, coherence is achieved. In other words we can use our brains most effectively.

Psychopathology, on the other hand, is a reflection of suboptimal integration and coordination of neuron networks. There are many problems that can cause our brains to lack integration. There can be difficulties in early caretaking, genetic and biological vulnerabilities or trauma at any time during the lifespan that can result in lack of integration among neuron networks. When we have unresolved trauma, it can cause us to have deficits in the way we process information that disrupts integrated neural processing. Psychopathology does not exist in any particular area of the brain. Rather, it is the result of dysfunctional interactions among participating neural systems. Specifically, brains are either too rigid in the way they process information or too chaotic. There is no flexibility of response. A person whose brain tends to rigidity would have difficulty adapting to new situations and information. A person whose brain tends to chaos would not be able to tolerate stressful situations very well without becoming overly anxious or emotionally activated in some dysfunctional way.

To hear more on this topic ... plan to attend our January 31st Conference at UCSF Laurel Heights Conference Center. See back cover for more information.

There are nine domains of integration that are related to the emotional brain. I will discuss each separately. But all are conceived as being integrated into a whole.

Integration of Consciousness: This is the first task for any psychotherapist. It is the heart of wellbeing. It involves linking things together in time and space. The state of consciousness allows sensation, observation, conceptualization, and knowing. It leads to an enhancement of emotional self regulation. When people come to therapy, they often have very little understanding of why they are thinking, feeling and/or behaving in ways that don't work for them in their lives. For example, a couple came to therapy because the new husband wasn't able to get along with his stepsons. His father had been very strict and unyielding with him and he had rebelled, dropping out of high school and getting into drugs and alcohol. He had never processed any of his feelings about his father or understood how his self destructive behavior was related to his father's treatment of him. So when he was confronted with three teenage boys, he became as inflexible as his father, projecting onto the boys all his unresolved and unintegrated feelings of self loathing.

Vertical Integration: The way in which circuits are brought together from head to toe. This is the mind/body connection. Input from the body is brought through the spinal cord and bloodstream into various areas of the brain to form a vertically integrated circuit. Bodily states directly shape our feelings, which then influence our reasoning and decision making. For example, a woman I was seeing for therapy kept complaining that she felt excessively guilty about smoking and didn't know why. She would smoke in secret and then hide the fact from her husband. When we explored how she felt while smoking, she was able to relate it to feelings in her body that were evoked when her father who was angry, unpredictable and abusive would come home from work. The rest of the family would make themselves scarce. She described the feeling as her "I'm in trouble." feeling. So whenever she smokes that early traumatic, "I'm in trouble" feeling would come up viscerally from her body and she would admonish herself for smoking.

Horizontal Integration: Our brains are highly specialized, especially the frontal lobes. The cerebral cortex which is where we do most of our higher level thinking is divided into two hemispheres that have different functions. The right cerebral cortex develops first and registers sensory impressions and feelings. It is nonverbal and includes the capacities to sense another person's emotions, to understand another's mind and to express one's emotions via facial expressions and tone of voice. The left brain comes on board later and specializes in linguistics, linearity, logic and literal thinking. It is the verbal side of the brain. The left brain explicates what the right brain is feeling when the two sides are integrated. If they are not integrated, an individual will have a very hard time expressing and analyzing verbally what he or she is feeling. For example, a patient of mine grew up in a family in which no one ever acknowledged, monitored or discussed his feelings. So when at eighteen years old his parents divorced, he was not able to process verbally and analytically the feelings he was having. Instead he married three times in quick succession possibly trying to find some security after his own family disintegrated. But he was never able to articulate what he felt about the divorce and how it affected him.

Memory Integration: This type of integration allows for the reflection on feelings and impressions from the right nonverbal part of the brain. Early feelings and impressions that are stored in the right brain become accessible to verbal memory, which is a function of the left brain. The perceptions, feelings, bodily sensations and behavioral impulses coming from the right brain are woven together with our verbal and analytical processes to produce new understanding of what happened to us and how it affected us. This type of integration may be

(Continued on page 10)

(Continued from page 9)

The Emotional Brain & Wellbeing cont'd.

of greatest importance in the resolution of trauma. Another patient of mine was having panic attacks when his girlfriend and he were arguing. He was terrified that she would leave him but he had no idea why this affected him so intensely. As we began to explore his background he could hardly remember anything that happened to him as a child or teenager. So I asked him to ask his mother. She told him that when he was about sixteen years old, his father, now deceased, had been drinking heavily and attempted suicide. My patient was the one who found him and took him to the hospital. He had no memory of the event until his mother reminded him. This is an excellent example of how lack of memory integration affected this man's ability to tolerate threats of separation or loss.

Narrative Integration: The creation of a life narrative involves having a sense of self that is able to observe and comment on past events. Narrative integration allows us to weave together the story of our lives into a coherent whole. A coherent narrative is a story that makes sense of our lives in a deep and emotionally connected way. Research has shown that people who are able to develop a coherent narrative have more secure and emotionally healthy children. They have a greater capacity for empathy possibly because they understand how childhood experiences affected them and recognize what they want to do or don't want to do when raising their children. Many adopted children struggle with their identity in adolescence because they are missing important information about their birth parents that would help them make sense of who they are and why they feel the way they do.

State Integration: A state of mind is a cluster of neural firing patterns that have a transient but potent quality to them in the moment. Self states are enduring patterns of firing clusters. We have many aspects of self such as the self that reads a book, makes love, takes care of children or is an employee. Each has a history with rules and memories attached to them for that state of mind. Pathological states of mind may force the system into chaos or rigidity, which limit the movement of the system as a whole toward adaptation to the environment. Being aware of our states of mind allows us to understand our intentions. It is intention that integrates emotions and thought. Stable systemic coherence across self states is one of the central goals of emotional development and self regulation. Children who are emotionally neglected develop a state of mind about relationship that protects them from the pain of asking for comfort and being rejected. But it creates rigidity about the value of relationship. These children often grow up devaluing relationship and focusing on other things like sports, academic achievement and hobbies. When they marry, they tend to be emotionally neglectful of their spouses and children. Even when spouses complain, they cannot change their behavior.

Temporal Integration: Learning to live with the awareness of our own mortality and the transience of time is an important aspect of emotional wellbeing. There are three major aspects of time that are significant: uncertainty about the future, the impermanence of our lives and the reality of death. Religion and meditation promote temporal integration by allowing people to gain awareness of and have acceptance for our existential fears. A young woman I was seeing in therapy had lost her mother to cancer the year before our sessions. She was at this time still living with her stepfather even though she had a very well paying job. They had left the house exactly as her mother had decorated it. They were celebrating her mother's birthday and the holidays exactly as they had when her mother was alive. This young woman was deeply depressed and felt very guilty that she had not done more for her mother when she was dying. But as we talked, it became clear that her mother had not been willing to accept her impending death. So she had not prepared any of her loved ones. She would not talk about dying or plan for their welfare. She did not even leave a will although she was ill for several years. When she did die, they were devastated and unable to process their grief.

Interpersonal Integration: Parents who are available, responsive and reliable promote the growth of integrative fibers in their children that connect autonomous areas of neuron networks to each other. An attuned state is an alignment with another human being on an emotional level. It is being able to understand how another person feels. When children have parents who provide this kind of attunement to their emotional needs, they develop empathy for themselves and others. This serves them well in their significant relationships. In severe neglect, the integrative fibers are damaged and integration on many levels is impaired. Children who are abused also develop various deficits some of which are related to how they regulate affect. Attunement is a necessary aspect of the therapeutic alliance. It involves a right brain to right brain connection. Being able to sense how another is feeling is a crucial aspect of psychotherapy. Without it, there usually is little progress that can be made because lack of attunement would interfere with most aspects of neural integration.

Transpiration Integration: This is the outcome of all the other types of integration. It involves the feeling that the person is a part of a much larger whole. People feel a sense of connection not only to other people but to a greater good. This is often spoken of when individuals reach deeper levels of meditation and as an aspect of enlightenment. But it can probably also be achieved when therapy is successful in helping people with neural integration which results in compassion for themselves and others.

In this new definition of wellbeing, psychotherapy can be understood to enhance the growth of neurons and the integration of neural networks in several ways. The

(Continued on page 12)

(Continued from page 10)

The Emotional Brain & Wellbeing cont'd.

primary focus of psychotherapy is between networks of affect and cognitions. Individuals gain new information and experiences across domains of cognition, emotion, sensation and behavior. Psychotherapy establishes a safe and trusting relationship. It attempts to create an empathic relationship in which the therapist is deeply attuned to the feelings and emotional needs of the patient. It allows for moderate levels of stress or emotional arousal alternating with periods of calm and safety. This avoids retraumatization and the lack of integration that is an outcome of trauma. It promotes the integration of conceptual knowledge with emotional and bodily experience through narratives that are co-constructed with the therapist. It helps individuals develop a method of processing and organizing new experiences so as to continue ongoing growth and integration outside of therapy.

REFERENCES

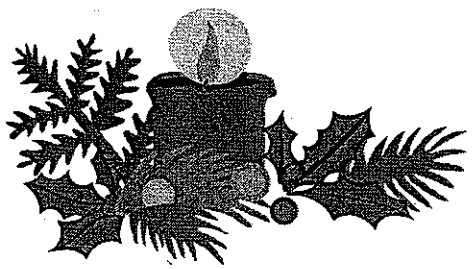
Cozolino, Louis; *The Neuroscience of Psychotherapy,* (2002) W.W. Norton and Company, New York, New York.

Main, Mary; The Organized Categories of Infant, Child and Adult Attachment: Flexible vs. Inflexible Attention Under Attachment-Related Stress, in *Attachment: From Early Childhood Through the Lifespan,* UCLA Extension and the Lifespan Learning Institute, March 9-10, 2002, Los Angeles, CA.

Siegel, Daniel; *The Developing Mind: Toward a Neurobiology of Interpersonal Experience,* (1999), Guilford Press, New York, New York.

Siegel, Daniel; *The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being,* (2007), W.W. Norton & Company, New York, New York.

Joyce Parker, Ph.D. *has her MSW from UCLA and her Ph.D. in Social Work from USC. She maintains a private practice in Torrance, CA. Dr. Parker currently serves as Conference Chair for the Jan. 31, 2009 conference on this same topic. See outside cover of this issue. She can be reached at jparkerphd@roadrunner.com or 310 371-8814.*



(Continued from page 7)

Recognizing Perinatal Anxiety/ Depression cont'd.

The Good News: Postpartum spectrum mood/anxiety disorders are highly treatable. A combination of therapy with a perinatal specialist, increasing social supports, and if indicated, medication management, can lead to a swift recovery. Proper nutrition, exercise, and adequate sleep are essential in promoting swift recovery. Some studies indicate that Omega -3 essential fatty acids in the diet may support "brain health" and help to maintain adequate levels of serotonin (a neurotransmitter key in regulating mood). Other forms of complementary treatments such as yoga, acupuncture, aromatherapy, reflexology, and massage have also been helpful for many moms. The sooner the woman seeks treatment, the sooner she will recover.

Andrea Schneider, LCSW *is a therapist in private practice specializing in women's reproductive mental health, including perinatal depression and anxiety, perimenopause, infertility and perinatal loss (i.e. miscarriage or stillbirth). Her practice is in Glendora, CA (near Pasadena). Andrea is a volunteer co-coordinator for Postpartum Support International. Her website. www.EmbraceMotherhood.com*

ETHICAL QUESTIONS? . . .

Where can you call?

A statewide **Standards and Ethics Committee** serves as a resource to our members on issues of ethics and standards in our practices. If at any time members have questions on **ethics, confidentiality, reporting laws, third party reimbursement, dual relations,** etc. you can call any of the people listed below.

This committee is in no way meant to take the place of legal advice. It is to serve as an educated ear and sounding board for ethical standard of care issues.

Carole Bender, *Chair L.A., 310/206-2696*	Lynn Lirette, *Fresno 559/224-8419*
Joan Fisch, *Menlo Park 650/327-2051*	Dan Offner, *San Diego 619/260-1872*
Ken Katz, *Fresno 559/297-7642*	Paul O'Leary, *Pomona 909/399-3778*
Katy Kolodziejski, *L. A. 310/439-1023*	Susan Schramm, *Santa Rosa 707/526-1994*
Jan Lipschutz, *L. A. 310/390-5585*	Jane Zeiger, *Sacramento 916/441-4271*